

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/575708

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1			1		
5	1			1		
6	1			1		
7	1			1		
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50						
TOTAL IND.	3		3		0	
TOTAL DEP.	25	←	24	←	0	←
TOTAL CLAIMS	28	█	27	█	0	█

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.	0	█	0	█	0	█
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0	█	0	█	0	█